Pharmacy Quality Assurance
Commission Credentialing
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Pharmacy Technician-in-Training Enrollment Form

Check one: ☐ Initial Enrollment ☐ Change Location

Name of Registered Pharmacy Assistant	Credential Number
Name of Pharmacy Technician Training Program on Record	Training Program Credential Number on Record
Training Program End Date (MM/DD/YYYY)	Training Program Address

Pharmacist Program Director Attestation
(must be completed by the approved pharmacist program director)

The pharmacy technician training program must meet the minimum requirements listed WAC 246-945-203 and WAC 246-945-215.

Name of Pharmacy Technician Training Program	
Training Program Credential Number	Pharmacist Program Director Credential Number
Training Program Start Date (MM/DD/YYYY)	

I, ____, attest that the pharmacy assistant is
(Print name of licensed pharmacist)

currently enrolled in the above named Pharmacy Quality Assurance Commission approved pharmacy technician training program and I am a licensed Pharmacist in Washington state.

__________________________________ (Signature of pharmacist)
____________________ (Date mm/dd/yyyy)

Note: The supervisor must be the program director and a licensed pharmacist in Washington state. This form must be mailed or emailed directly from the program director.

Registered Pharmacy Assistant Attestation

I, __________________________________, attest that the information above is true and correct.
(Print name of pharmacy assistant)

__________________________________ (Signature of pharmacy assistant)
____________________ (Date mm/dd/yyyy)